

SECURITY WORKSHEET FOR NON-EMPLOYEES

1. Full name of guest worker: _____
2. Other names and dates used:

3. Position: _____
4. Project Title: _____
5. Place of Birth: _____
(INCLUDE CITY, COUNTY, STATE AND COUNTRY, IF OTHER THAN THE US)
6. Citizenship: _____
7. Date of Birth: _____
8. Social Security Number: _____
9. Sex: Male ☐ Female ☐
10. Has guest worker worked for DOC in the past? Yes ☐ No ☐
Location: _____
11. Period of visit: Beginning date: _____ Ending date: _____

ARREST RECORD:

12. During the **last 10 years** have you ever forfeited collateral, been convicted, been imprisoned, been on probation or parole? Yes ☐ No ☐ (You may omit any traffic violation **under** \$100.00)
13. Are you now under any charges for any violation? Yes ☐ No ☐
14. Have you ever been convicted by a military court-martial or received Non-Judicial punishment under the Uniformed Code of Military Justice? Yes ☐ No ☐
15. In the last **five years**, have you ever possessed, used or manufactured illegal drugs?
Yes ☐ No ☐

HEALTH CARE

16. Have you **ever** seen a health care professional for the treatment of an alcohol, drug, mental or emotional disorder? Yes ☐ No ☐ Date: _____

IF YOU ANSWERED "YES" TO ANY OF ITEMS 11-15, PLEASE EXPLAIN YOUR ANSWER ON A SEPARATE SHEET OF PAPER.

THIS SECTION IS TO BE COMPLETED BY THE REQUESTING OFFICIAL:

1. Name: _____
Phone: _____
2. Mailing
Address: _____

3. Position or
Title: _____
4. Organizational Code: _____
5. Will access to departmental facilities be restricted to normal office hours or under escort?
Yes ☐ No ☐
6. Furnish accounting data if visit is for more than 180 days
Accounting
data: _____
7. If the visit is for less than 180 days, this form must be sent to security for Regional Security Officer review. ***Please be sure that Item 11, Period of Visit, is filled in on page 1 of this form.***

***FAILURE TO FORWARD THIS FORM ASSUMES THAT THE FACILITY MANAGER
PERMITTING THE VISIT ACCEPTS FULL RESPONSIBILITY AND RISK FOR THE ACTIONS
OF THE NON-EMPLOYEE***

Date of Request

Signature of Requesting Official

Date Received

Date Processed

Approved: Yes ☐ No ☐ Date: _____

CHERYL L. WIESER
Regional Security Officer